



City of Fontana
Planning Department
8353 Sierra Avenue
Fontana, CA 92335
(909) 350-6718

Cannabis Zoning Verification Application

Type of Request:

☐ Zoning Letter \$300.00

APPLICANT INFORMATION:

Name: _____

Business Trade Name (if applicable): _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: () _____

Email Address: _____

PROPERTY INFORMATION:

Site Address: _____

City: _____ State: _____ ZIP: _____

Assessor's Parcel Number: _____

Request: **Zoning Verification Letter**

Applicant Signature: _____ Date: _____

Applicant Verified buffer from sensitive uses: ☐ Yes ☐ No
(600 ft from schools, day care center, parks, youth & recreation center or City boundaries; please provide radius map depicting required buffer)

Area of the City: North ☐ Central ☐ South ☐

Zoning: _____

FOR CITY USE ONLY:

Received By:_____ Date:_____

Request Completed By:_____ Date:_____